

**General issues around the implementation and performance
of the National Disability Insurance Scheme**

**Spinal Cord Injuries Australia
Policy and Advocacy Team Submission
October 2021**

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Joint Standing Committee on the National Disability Insurance Agency

Via email to ndis.sen@aph.gov.au

Introduction

Spinal Cord Injuries Australia (**SCIA**) welcomes the opportunity to offer a submission on general issues around the implementation and performance of the National Disability Insurance Scheme (**NDIS**) to the Joint Standing Committee on the NDIS. The NDIS is a transformative scheme and has positively impacted people with disability and their family and carers' lives since its rollout. However, in recent times, many NDIS applicants and participants have had experiences which reflect the need for reform and improvements. SCIA looks forward to strengthening policies and protections in the interests of current and future NDIS participants and fostering a smooth NDIS pathway in which participants and their families can achieve better outcomes more fairly and efficiently.

About Spinal Cord Injuries Australia

SCIA is a for-purpose organisation working for people living with spinal cord injury (**SCI**) and other physical disabilities. SCIA was founded by people with SCI over fifty years ago; people with disability make up over 25% of our staff, and the majority of our Board live with SCI. SCIA is a national, member-based organisation that serves 2,500 members made up of people living with disability, their family, carers, researchers, and other professionals in the sector.

SCIA's Policy and Advocacy Team provides individual and systemic advocacy, and supports self-advocacy. Our team aims to ensure that people living with SCI and other disabilities do not face barriers in exercising their independence and realising their human rights. Our team strives to achieve inclusivity and change for people with disability, their family members and carers. Individual advocates support advocacy clients across NSW, including in the Northern Rivers region.

SCIA's Community Services Team provide support coordination and plan management services to NDIS participants across different states.

The issues raised and recommendations collated in this submission are founded on feedback, case studies and reflections from SCIA members and clients with personal experience with the NDIS, SCIA individual advocates who assist participants and applicants navigate internal reviews and appeals at the Administrative Appeals Tribunal (**AAT**), plan managers and support coordinators who directly work with NDIS applicants and participants in NSW. It also includes testimony from a research engagement project conducted by the Policy and Advocacy Team at the end of 2020.

Executive summary and recommendations

The NDIS is a transformative scheme that has undoubtedly improved outcomes for eligible participants and their families across Australia. However, despite numerous reviews and upcoming proposals for improvement, there are still numerous on-the-ground administrative barriers to ensuring that NDIS applicants and participants are treated fairly when navigating the process. Many of the persistent issues that remain include: overly bureaucratic requests and standards for medical evidence and supporting documentation for access and planning decisions; non-compliance with timeframes and the Participant Service Charter; non-compliance with the Agency's model litigant obligations at the AAT; and a lack of supports for disability advocacy organisations.

In light of these issues, the following recommendations are made:

Recommendation 1: *NDIS applicants and participants should be provided with greater clarity on whether any internal guidelines exist on the types of evidence required for access and planning decisions and should be provided with appropriate referrals for free assessment services if available. Further, health professionals should be provided with informative materials on the requirements under NDIS legislation to better guide and inform their report writing.*

Recommendation 2: *NDIA delegates, LACs and National Contact Centre staff should be consistently trained and audited in giving advice on appropriate medical evidence and supporting documentation for access and planning decisions.*

Recommendation 3: *The Commonwealth Ombudsman should undertake to urgently investigate the NDIA's compliance with the Participant Service Charter and Participant Service Guarantee and invite public submissions as part of its inquiry.*

Recommendation 4: *NDIA in-house counsel and external counsel engaged by the NDIA should be internally audited to assess their compliance with model litigant obligations and receive additional disability awareness training in their interactions with appellants with disability, particularly training in better understanding people with psychosocial conditions.*

Recommendation 5: *The AAT should carefully scrutinise the need for independent assessments as part of the appeal process and apply exemptions on a case-by-case basis by evaluating the risk to the assessment participant of undergoing an unregulated assessment conducted by an appointed, unknown assessor.*

Recommendation 6: *The Australian Government should commit to providing long-term funding certainty to disability advocacy organisations proportionate to the growing demand for advocacy assistance with internal reviews and external merits reviews through the AAT.*

1. The NDIS in 2020 and 2021

Over the past 18 months, the NDIS has undergone significant changes following release of the findings of the Tune Review,¹ and further changes are anticipated with the imminent introduction of the proposed *National Disability Insurance Scheme Amendment (Participant Service Guarantee and Other Measures) Bill 2021*. In practice, NDIS applicants and participants have encountered new challenges to navigating the NDIS and have identified several areas that require action to be taken by the National Disability Insurance Agency (NDIA) and other stakeholders to improve processes and supports for applicants and participants.

Between September to November 2020, SCIA's Policy and Advocacy Team undertook a research engagement project to identify the most significant issues affecting people with spinal and neurological conditions. Respondents overwhelmingly identified the NDIS as presenting issues that impacted their day-to-day lives.² The following extract from the project's final report reflects many of the recurring issues participants faced:

For many respondents, NDIS funding was “crucial to improving quality of life” for people with spinal cord injury. The current issues with the NDIS identified in responses included: navigating and understanding the NDIS system; receiving adequate levels of funding in plans; excessive waiting times; complex administrative processes; better training and understanding among LACs and planners in the specific needs of participants; and simplified review and appeals processes. As one respondent noted the “NDIS is a great idea- don't let bureaucracy kill it”.

2. Administrative challenges for applicants and participants

As illustrated in Section 1, administrative barriers to navigating the NDIS journey often present the most barriers to eligible participants securing the supports that they need, and this journey can often be complicated by a lack of information, supports to prepare documentation, misinformed advice from the NDIA or other stakeholders and a lack of consistency across internal decision-makers. Many of these issues were raised in the Tune Review, however, as is illustrated in the sections below, there are persistent issues that affect a multitude of applicants and participants and a growing sense of mistrust toward the Agency and government that there is no political will to improve outcomes for people on the ground.

2.1. Gathering evidence for access and funding of specific supports

Almost all NDIS applicants and participants consulted throughout the past 12 months have cited similar difficulties when gathering supporting documentation and evidence to assist in access and planning decision-making.

In some cases, part of the difficulty arises from locating relevant medical documentation from multiple sources when your initial diagnosis or time since you acquired a disability is substantially long ago. For example, as one SCIA member, who acquired their spinal cord injury decades ago noted, gathering evidence together is **“a problem that people with long-term issues have, that your medical records end up all over the place”**.

¹ David Tune, *Review of the National Disability Insurance Scheme Act 2013: Removing Red Tape and Implementing the NDIS Participant Service Guarantee*, December 2019.

² Spinal Cord Injuries Australia, *Policy and Advocacy Engagement Project: Final Report*, SCIA Policy & Advocacy Team, December 2020, p. 6.

For others, many struggle to afford the necessary specialist reports or assessments by occupational therapists and other allied health professionals, as NDIA delegates often do not accept reports from GPs as sufficient to substantiate access or planning decisions. This is presently a recurring issue that has already been flagged by the Tune Review.³ While the Tune Review recommended implementing free independent functional assessments in response to this issue, the development and subsequent halt on independent assessments this year reflected a wider trust issue between the disability sector and the Agency that was affirmed by the Independent Advisory Council to the NDIS.⁴ There may be scope in the future for the introduction of non-compulsory independent assessments to assist in access decisions, but as yet the issue of obtaining expensive specialist reports and assessments remain, with little recourse to funding via the health system or other funding streams.

Another trend observed by support coordinators and advocates, is the apparent ‘changing goal posts’ when it comes to the evidence required to support an access request or justify a specific support or service in a participant’s plan. Many have observed that particularly in the past 9 months, NDIA delegates have required a higher threshold of evidence as compared with a year or two years previously, or seek further subsequent evidence if they determine initially submitted evidence is too ‘vague’. This is particularly relevant to certain diagnoses, such as fibromyalgia, which are almost categorically rejected at the first instance, despite substantial evidence of substantially reduced functional capacity in several domains. It can be further complicated by long wait lists for specialists, the additional access barriers presented due to the COVID-19 pandemic and thin markets for occupational therapists in some areas.

In some cases, advocates have sought two or three reports from the same occupational assessment to justify funding a stated report. This exacerbates costs issues already mentioned and creates a sense of unfairness and inconsistency across applicants and participants. It has led to doctor shopping and compromises on applicants’ and participants’ continuity of care from their treating professionals, particularly when those professionals are unfamiliar with NDIS standards and processes and the role of their evidence in providing support for access and planning decisions.

2.1.1. Case studies

Tom

Tom acquired a spinal cord injury following a cycling accident. Throughout their rehabilitative journey they regained a degree of mobility, which they found actually complicated their access process for the NDIS: **“the problem I have is I’ve got a spinal cord injury but I can walk...[The NDIA] initially couldn’t understand that...’His walking is ok’, so that seems to be the attitude”**.

As a result, Tom’s initial and second access applications were rejected. Following the second rejection, the interviewee contacted an NDIA staff member and **“read [them] the Riot Act. I was furious and I just said, ‘You’re hearing from my solicitors”**”. Following this exchange, they received an email the following day confirming that their application had been successful.

Tom’s advice following his experience reflected the attitudinal barriers within the Agency and the need for determined self-advocacy when your diagnosis does not typically ‘fit’ NDIA staff’s expectations of your diagnosis or reduced substantial functional capacity: **“Ring them, harass them with emails, whatever it takes, but don’t give up and don’t be put off, ‘cause they will put you off”**.

³ David Tune, *Review of the National Disability Insurance Scheme Act 2013*, p. 87.

⁴ Independent Advisory Council to the NDIS, ‘Strengthening Scheme Reforms to Access and Planning’, July 2021, p. 5.

Tom encountered further difficulties implementing his first plan, specifically in getting approval for installation of home modifications:

It took several attempts to finally get the funding approved for the modifications to my bathroom. It was a big job. It was a new bathroom...I did all the costing and got quotes. And it was high. It was a lot of money and I said, 'Well just stick it in...and we'll see'. Whatever we get, I'll just make the difference up. But the NDIS can't cope with that. They have an exact amount. So, you put your quote in for 'x' dollars...and if you go over that, it's a 'No'. I had to just organise the quote so it was exactly [the suggested amount] and you know what? As soon as I did that it just went straight through and then I paid the builder another 'x' dollars on top of that because that's what it actually cost. It just seems crazy that they should just have an amount...Just tackle one thing at a time, because if you try and tackle too many things it just, it just is very different.

Maya

Maya is an SCIA member with a congenital neurological condition. In order to sustain her employment, Maya sought transport funding in her NDIS plan. She described the experience of fighting for funding to use her own car, following a rejection in her first plan:

I'm very dependent on my car...I work across the opposite side of the city from where I live... I need the flexibility of driving...I can't use taxis and I can't use buses because of the unstable nature of my continence issues and my diabetes. I can't be stuck in an environment where I can't deal with my issues...But me saying that, wasn't enough. I had to get letters from everybody...I got my Job Agency to write me a letter, I got my doctor to write me a letter, I got my boss to write me a letter to send through to review.

Maya also struggled to get funding for another support in her assistive technology journey, which would facilitate transport – trialling hand controls with a driving instructor:

One of my stated goals was to explore hand controls...so I had to go to these driving instructors and try the different controls...But because I was plan managed, they have to charge to a line item and there's only one line item – driving lessons. It wasn't a driving lesson, it was trying hand controls with the driving instructor. I've been driving for 20 years. I didn't need the lesson, I just needed the person with the car...[The] invoice went through to the plan manager and the plan manager got really prescriptive and was like, 'You're not funded for driving lessons'...They said, 'We'll get in trouble', and I'm like, 'So, what do I do?'. And they're like, 'Well, you shouldn't have done it'. I said, 'Well, my goal is there. How am I supposed to know that that was supposed to be a stated support?'. I went to my LAC and I got a letter from my LAC saying this is fine and the plan manager still came back to my LAC and said, 'Well, this is what somebody from the NDIA has said and they disagree with that decision...I'll do it, but it's on your head if you do get in trouble'...So I had this breakdown.

Once it has been conclusively established that someone meets all of the eligibility criteria, and all available evidence has been accepted in support of this by the NDIA, the planning process, and the need for scheduled plan reviews, should be done as flexibly as possible and at time intervals decided by the participant and the planner together.

The current planning process is onerous, for both self- and plan-managed participants, particularly when it happens yearly and requires the participant to gather all manner of details related to each level of support needed. This is unnecessary. The planning process needs to be streamlined particularly where a participant has stable support needs. Longer plans of two to three years are a welcome improvement. Further to this, allowing plans to be renewed or extended for another similar period would simplify the process, when needs are consistent. This could be done with a simple check in with the participant by the NDIS delegate or LAC.

NDIS plans, and specifically the funding allocation needs to work in a way that is more attuned to the needs of each participant; shorter plans for those with fluctuating needs, longer plans for those with stable needs. And the flexibility for plan renewals or extended plans for another equal time period when desired. This would also reduce the workload of NDIS planners and delegates. The only time this would change, is where there is a change in circumstances for the participant, necessitating a plan review. Of equal importance, the funding allocations tied to participant plans need to be made more flexible, as outlined in the Tune Review,⁵ without being overly prescriptive but consistent with plan goals.

In light of the above commentary and case studies, in order to improve processes of collating supporting documentation and evidence and simplify planning processes, the following recommendations are made:

Recommendation 1: *NDIS applicants and participants should be provided with greater clarity on whether any internal guidelines exist on the types of evidence required for access decisions and should be provided with appropriate referrals for free assessment services if available. Further, health professionals should be provided with informative materials on the requirements under NDIS legislation to better guide and inform their report writing.*

Recommendation 2: *NDIA delegates, LACs and National Contact Centre staff should be consistently trained and audited in giving advice on appropriate medical evidence and supporting documentation for access and planning decisions.*

Recommendation 3: *NDIS participants' plans should be automatically renewed or extended, following check-ins with an LAC or NDIA delegate, if there has not been a change in circumstances, when support needs remain unchanged.*

Recommendation 4: *NDIS participants' supports should be used flexibly and described generally in their plan in alignment with their stated goals.*

2.2. Non-compliance with the Participant Service Charter and Participant Service Guarantee

From the Policy and Advocacy Team's 2020 research engagement project it was evident that the experiences of SCIA members and clients in their interactions with NDIA staff, as well as Local Area Coordinators (**LACs**) largely depended on staff members' knowledge of disability and whether they themselves had lived experience of disability, for as one member noted they tended to be "**far more connected...[they] could pick up on the issues and really [understood]**".

For those living in rural and remote areas, poor communication made NDIS applicants and participants feel that they were "**very low in the priorities**". As they suggested, face to face contact is vital to ensure that staff understand their needs and how they live.

⁵ David Tune, *Review of the National Disability Insurance Scheme Act 2013*, p. 114.

Participants and their support persons highlighted the frustration “**when we have to tell our story again and again**”. Due to multiple contacts at the NDIA and National Contact Centre, “**you’ll get as many answers as you do people**”, which often complicates people’s submission of the right documentation or supporting evidence and how others, such as support coordinators can best assist their clients. Others emphasised the difficulty when NDIA staff turnover is so high, which complicates participants’ ability to build relationships with people so that they best understand their needs.

Following these reflections, commitment from the Agency to implement the Participant Service Charter and timeframes outlined in the Participant Service Guarantee, was a highly welcome development. However, on-the-ground experiences highlight that Charter principles, including transparency, responsiveness, respect, empowerment and connection, are clearly not being adhered to. This is in spite of reporting by the Agency on their progress toward implementing the Participant Service Improvement plan online⁶ and in their Quarterly Reports. This is particularly evident in the following case study.

Rachel

Rachel sustained a C2 ventilator dependent spinal cord injury from a push bike accident in November 2019. As a result of this injury, Rachel has no use of her upper or lower limbs and is reliant on a ventilator for respiration. She requires 24/7 supports and Rachel’s needs are notably complex, meeting the majority of the NDIA’s descriptors for higher intensity support, which is substantiated in evidence provided to the NDIA.

Rachel’s discharge from hospital, back into the community, was conditional on the assurance that her NDIS plan would meet her comprehensive care needs. A plan was approved in March 2021, however the NDIA planner admitted that it had been built incorrectly with supports funded at a *standard* rate of support rather than the required *Level 3*. Despite this, Rachel and her support coordinator were directed to submit a s 100 internal review.

Rachel was supported by SCIA Community Services to make an ‘urgent’ s 100 review request in April, however was only subsequently contacted to acknowledge receipt of the request by the National Contact Centre in June 2021 (39 days after the original submission).

After hearing nothing for a further 22 days, Rachel and her support coordinator rang the NDIA hotline for an update on her matter and after a 25 minute review the phone operator NDIA staff member advised that the original submission had been made over 3 months after notice of the plan had been provided. Rachel’s support coordinator clarified that inaction by the Agency to respond to the original request was the cause of the delay and were then told that the request would be allocated to the correct team for review. Rachel did not receive any assurance when any further action would be taken by this team. Following these interactions, Rachel’s SCIA support coordinator reflected:

I have been employed in a range of government and service provider roles since the NDIS commenced in 2016. In recent months, I have observed the NDIA’s inability to respond to have reached an unseen and concerning level. I have observed the rate of errors made by NDIA employees reach a concerning level – and been concerned by revised internal guidelines, not allowing planners to amend these mistakes; even when acknowledged. I have observed a concerning reduction in the financial threshold in which within planners can make decisions; without the approval from a higher delegate - effectively resulting in the NDIA placing a self-imposed bottle neck on its own operations.

⁶ National Disability Insurance Agency, ‘Participant Service Improvement Plan’, 31 August 2021, <https://www.ndis.gov.au/about-us/policies/service-charter/participant-service-improvement-plan>.

My overall concern is that in 5 years of operations within NSW, the experiences of interacting with the NDIA reflect a less mature operating environment than that of July 1st 2016.

In light of the discussion above and the case study outlined, the following recommendations to improve service by Agency staff are made:

Recommendation 4: *The Commonwealth Ombudsman should undertake to urgently investigate the NDIA's compliance with the Participant Service Charter and Participant Service Guarantee and invite public submissions as part of its inquiry.*

3. Internal reviews and appeals at the AAT

SCIA's Policy and Advocacy Team has observed a significant trend, across both its offices in Sydney and the Northern Rivers, of an ever-increasing need for individual advocacy services to assist with internal reviews and external appeals at the AAT. The exact cause of this increase appears to be largely related to the issues discussed in Section 2 and the associated difficulties of gathering appropriate evidence and the 'changing goal posts' set by NDIA delegates following confidential changes to internal policies in the interpretation of the *NDIS Act 2013* (Cth) and its associated Rules. This section will discuss some of the most prevalent issues affecting NDIS applicants and participants as they navigate the internal review and AAT appeal processes.

It is also important to note here that according to the latest Quarterly Report, almost 98% of matters before the AAT resolve before hearing.⁷ This signifies both a lack of transparency in the AAT process and knowledge about its outcomes. It could also lead to the possible conclusion that applicants and participants have to undergo long, significant periods of uncertainty related to access to the NDIS and planning decisions before nevertheless succeeding or succumbing to a sense of being overwhelmed by the process and withdrawing their appeal despite the potential merits of their case.

3.1. Adversarial NDIA representatives

The Tune Review and Commonwealth Ombudsman's 2018 report also revealed concerns related to AAT the NDIA's non-compliance with its model litigant obligations and with adversarial, intimidation tactics.⁸ However, in practice, despite some improvements and promises to triage matters via the Early Resolution Team, individual advocates have had to support clients to make numerous complaints regarding inappropriate comments and unsubstantiated observations made by both in-house NDIA counsel and external counsel during case conferences and other preliminary directions hearings. This has often led to carriage passing between numerous solicitors and associated delays for applicants and participants as a new lawyer familiarises themselves with a matter. SCIA advocates have repeatedly reported clients breaking down following a case conference due to the confrontational approach adopted by NDIA legal representatives and often for people with psychosocial conditions, the entire experience can be re-triggering and traumatising. While it was suggested that the Early Resolution Team would play a pivotal role in ensuring people do not have to undergo this process,

⁷ National Disability Insurance Agency, *Q4 2020-2021: NDIS Quarterly Report to disability ministers*, 30 June 2021, p. 159.

⁸ David Tune, *Review of the National Disability Insurance Scheme Act 2013*, p. 151; Commonwealth Ombudsman, *Administration of reviews under the National Disability Insurance Scheme Act 2013: Report on the National Disability Insurance Agency's Handling of Reviews*, 2018, https://www.ombudsman.gov.au/__data/assets/pdf_file/0029/83981/NDIS-NDIAFinal-report-on-administration-of-reviews-under-the-Act.pdf.

even with pressing matters, advocates have reported no intervention or communication from the Early Resolution Team.

As a result, numerous SCIA members and clients have contacted Members of Parliament to intervene on their behalf at various stages in applying and securing the right supports in their plans, and had had positive outcomes due to their influence. However, as one interviewee observed, the process should not be so antagonistic **“In my last contest with the NDIS...they also got me a Legal Aid solicitor...I didn’t think it had to be so adversarial...it’s so stupid because it’d really frighten a lot of people”**. However, engaging local MPs should not be the only recourse that applicants and participants feel is open to them when they are traumatised by the internal review and external AAT processes.

Recommendation 5: *NDIA in-house counsel and external counsel engaged by the NDIA should be internally audited to assess their compliance with model litigant obligations and receive additional disability awareness training in their interactions with appellants with disability, particularly training in better understanding people with psychosocial conditions.*

3.2. Independent assessments

As part of the internal review and appeals processes at the AAT, the NDIA has often requested functional capacity assessments to be conducted by independent assessors. However, more recently these requests are made following submission of multiple assessments and reports by the participant’s chosen health professional. Additionally, the NDIA often terms these requested-for reports ‘independent assessments’. As outlined above in Section 2.1, the controversy surrounding ‘independent assessments’ has created a wave of fear across applicants and participants, particularly this year. Additionally, with the critique directed toward the proposed independent assessment toolkit as it was implemented in the second pilot program, it is highly concerning that independent assessments conducted as part of internal reviews or AAT appeals are not uniform or standardised.

As such, while the fees for requested independent assessments are covered by the NDIA, there is no regulation of the appointed assessors, nor is there oversight over the tools that assessors use during assessments. Additionally, many of these independent assessments are conducted virtually, without consideration of the specific choice, circumstances and needs of the person being assessed. We have also heard anecdotes about people’s experiences undergoing these assessments, in which assessors did not have a background in disability, or based on their prior history in other areas, such as personal injury assessment, misapplied the disability or early intervention requirements as set out under the *NDIS Act*.

Further, while the proposed independent assessment program set out by the NDIA previously established a set of ‘exemptions’ for applicants and participants who would be adversely affected by the assessment process itself, there is no such redress for AAT appellants, particularly as the principle of procedural fairness is raised as an argument in defence of these independent assessment. As such, many appellants at risk of being traumatised by the process are being subjected to unregulated independent assessments that both jeopardise their trust in the AAT process and their wellbeing.

Recommendation 6: *The AAT should carefully scrutinise the need for independent assessments as part of the appeal process and apply exemptions on a case-by-case basis by evaluating the risk to the assessment participant of undergoing an unregulated assessment conducted by an appointed, unknown assessor.*

3.3. Supports for disability advocacy

As already mentioned, with demand for individual advocacy to assist with NDIS reviews and appeals increasing, many disability individual advocacy organisations are being forced due to incapacity to ‘close their books’, refer potential clients to other advocacy services or establish long timeframes of months before taking up a person’s matter. This is further complicated by a lack of resourcing available to Legal Aid Commissions across Australia or community legal centres, leaving many people without either legal representation or the support of individual advocates when navigating review and appeal processes that are recognised to be confusing, overly complex, and at times, overly litigious. The structure of the Tribunal is supposed to be inherently non-adversarial, yet with the NDIA engaging external counsel when a matter goes to hearing at the AAT, intimidation tactics often forces appellants to withdraw their appeal. Without the support of strong self-advocacy training or the invaluable support of a team of an individual advocate and legal representative, the AAT can be a daunting experience for appellants from all backgrounds.

It is particularly worrying in the present circumstances as the future for disability advocacy funding in some states and territories, including New South Wales (the state with the greatest number of NDIS participants), is uncertain. Existing advocacy organisations need certainty in delivering their services into the future, particularly as a review of the National Disability Advocacy Program is set for 2022. Otherwise, wait lists will become ever longer and advocacy organisations may be forced to include additional eligibility criteria or introduce a ‘first come, first served’ policy, which may lead to unjust outcomes. The Australian Government should ensure advocacy organisations and legal commissions across Australia are adequately funded and re-examine funding models to ensure consistency across jurisdictions such that all NDIS applicants and participants can be assured that they will have timely access to dedicated individual advocates.

Recommendation 7: *The Australian Government should commit to providing long-term funding certainty to disability advocacy organisations proportionate to the growing demand for advocacy assistance with internal reviews and external merits reviews through the AAT.*

4. Conclusion

The NDIS presents people with disability across Australia the opportunity to access services and supports that can transform their connections to the community, ability to live independently and strive to achieve their goals. However, the past 12 months have illustrated that persistent issues remain with the administration and implementation of the NDIS that has led to manifestly unfair outcomes, unnecessary trauma and anguish in navigating the system and inconsistency across the performance of the Scheme.

Nevertheless, there are significant opportunities for the NDIA and other stakeholders to address these issues and ensure that the on-the-ground experiences of NDIS applicants and participants are more efficient, timely and stress free. SCIA is committed to supporting the NDIA and other stakeholders achieve better outcomes.

If the Committee requires further information or has any queries about the content of this submission, please do not hesitate to contact SCIA.

Kind regards,

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